



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

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**FIREARMS TRAINING CERTIFICATE**

*THIS CERTIFIES THAT*

\_\_\_\_\_  
*Name of Applicant*

Has successfully completed the Basic Armed Security Officer Training Course consisting of a minimum of twenty (20) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 12 NCAC 07D .0807. In addition, the applicant has completed range qualification on the required PPS courses of fire with the duty handgun indicated below and attained the qualification scores indicated.

LOCATION OF CLASSROOM TRAINING: \_\_\_\_\_

DATE COURSE COMPLETED: \_\_\_\_\_

LOCATION OF RANGE TRAINING: \_\_\_\_\_

DATE OF QUALIFICATION: \_\_\_\_\_ DAY SCORE: \_\_\_\_\_ NIGHT SCORE: \_\_\_\_\_

**HANDGUN INFORMATION**

CALIBER: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL#: \_\_\_\_\_ DUTY AMMUNITION USED: \_\_\_\_\_

**SHOTGUN INFORMATION**

The applicant named above has completed an additional four (4) hours of classroom training on the standard 12 gauge shotgun, plus range training. \_\_\_\_ Yes \_\_\_\_ No.

Date classroom training completed: \_\_\_\_\_ Date of Qualification: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SCORE: \_\_\_\_\_

TYPE OF AMMUNITION USED FOR QUALIFICATION: \_\_\_\_\_

*The above information is true, accurate, and complete to the best of my knowledge.*

\_\_\_\_\_  
PRINT CERTIFIED TRAINER NAME

\_\_\_\_\_  
CERTIFICATION NUMBER

\_\_\_\_\_  
CERTIFIED TRAINER SIGNATURE

\_\_\_\_\_  
DATE